

TOWN OF ISLIP
DEPARTMENT OF HUMAN SERVICES
DIVISION OF SENIOR CITIZEN SERVICES
401 Main Street
Islip, New York 11751

We are glad to hear of your interest in becoming a member of a Senior Citizen Club in the Town of Islip.

Please complete the application below and return it to the Division of Senior Citizen Services at the above address.

Every effort will be made to find an opening in a club near your residence. Please note: You **MUST** be a resident in the Town of Islip to become a member of a club.

Thank you.

SENIOR CITIZEN CLUB APPLICATION

NAME

(FIRST)

(MIDDLE INITIAL)

(LAST)

ADDRESS

(STREET)

(TOWN)

(ZIP CODE)

TELEPHONE NUMBER

DATE OF BIRTH

MONTH

DAY

YEAR

ARE YOU AN ISLIP RESIDENT? _____ YES _____ NO

IN CASE OF EMERGENCY, PLEASE LIST A NEARBY FRIEND OR RELATIVE:

NAME

RELATIONSHIP

ADDRESS

TELEPHONE NUMBER

ARE YOU PRESENTLY A MEMBER OF ANY
TOWN OF ISLIP SENIOR CITIZEN CLUB?

IF SO, NAME OF CLUB:

PLEASE WRITE CLUB PREFERENCE,
IF ANY

DO YOU HAVE A SUFFOLK COUNTY
SENIOR CITIZENS I.D. CARD?

FOR OFFICE USE ONLY:

APPROVED BY: _____

DATE: _____